A Blue-Domed Cyst of Bloodgood

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A 45-year-old woman underwent a screening mammogram and was found to have a dense mass in her right breast (Figure A). A clinical examination revealed a firm, non-tender, mobile lump (6×5 cm) with no axillary lymphadenopathy. Because the patient refused FNAC (fine-needle aspiration cytology), she was subjected to lump excision with frozen sections. At the time of excision, it was a hard cyst with a bluish hue. Frozen sections revealed that it was a benign cyst (Figure B).

Breast cysts may occur in up to 20-50% of reproductive-age women at some point in their lives and arise as a normal lobular involution (ANDI) aberration associated with the active secretion of the apocrine epithelium under hormonal stimulation. Their peak incidence is in premenopausal women between the ages of 40 and 50. Fewer than 5% of cysts occur in women over the age of 60. Breast glands and ducts constantly secrete fluid, even when they are not lactating. The amount is so small that it is not noticeable on a daily basis. However, if a duct becomes occluded with normally sloughed skin cells, the fluid accumulates, and a cyst is formed. Cysts may be single or multiple, but they are usually unilocular. Smaller cysts are not discernable upon gross examination, but clusters of small cysts may be palpable. Large cysts often contain brown fluid, which imparts a blue color onto the intact cyst (i.e., the blue-domed cyst of Bloodgood) [1]. Histologically, they are lined by a flattened columnar epithelium with apocrine cell features, or they may completely lack an epithelial lining. On mammograms, these cysts appear as a dense mass. In most cases, breast cysts can be managed with aspiration alone. Multiple recurrent cysts may constitute a considerable nuisance and justify short-term therapy with danazol. There is increasing evidence that multiple recurrent cysts are associated with a small (but significant) increase in breast cancer risk [2].

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References